

**UNITED STATES OF AMERICA  
BEFORE THE NATIONAL LABOR RELATIONS BOARD  
REGION 19**

PROVIDENCE ALASKA HEALTH SYSTEM d/b/a  
PROVIDENCE ALASKA MEDICAL CENTER<sup>1</sup>

Employer

and

Case 19-RC-13828<sup>2</sup>

INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS, LOCAL 959, AFL-CIO<sup>3</sup>

Petitioner

**DECISION AND DIRECTION OF ELECTION**

Upon a petition duly filed under Section 9(c) of the National Labor Relations Act, as amended, a hearing was held before a hearing officer of the National Labor Relations Board, hereinafter referred to as the Board.

Pursuant to the provisions of Section 3(b) of the Act, the Board has delegated its authority in this proceeding to the undersigned.

Upon the entire record<sup>4</sup> in this proceeding, the undersigned finds:

1. The hearing officer's rulings made at the hearing are free from prejudicial error and are hereby affirmed.
2. The Employer is engaged in commerce within the meaning of the Act and it will effectuate the purposes of the Act to assert jurisdiction herein.
3. The labor organization involved claims to represent certain employees of the Employer.
4. A question affecting commerce exists concerning the representation of certain employees of the Employer within the meaning of Section 9(c)(1) and Section 2(6) and (7) of the Act.
5. The following employees of the Employer constitute a unit appropriate for the purpose of collective bargaining within the meaning of Section 9(b) of the Act:

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<sup>1</sup> The name of the Employer appears as corrected at hearing.

<sup>2</sup> Petitioner previously filed, and later withdrew, a petition in Case 19-RC-13818, in which a unit of all service and maintenance employees was requested, as here. The record in the prior case is hereby made part of the record in the instant case.

<sup>3</sup> The name of Petitioner appears as corrected at hearing.

<sup>4</sup> The parties filed briefs, which have been considered.

All service and maintenance employees employed by the Employer at its Providence Alaska Medical Center; Providence Imaging Center; Women's, Infant's and Children's Program; Alaska Cares; Diabetes Center; Center for Child Development; and Circle of Care facilities in Anchorage, Alaska: but excluding all guards and supervisors as defined in the Act, and all other employees.

The Employer operates an acute-care hospital and other health care facilities in Anchorage, Alaska. The petition requests a unit of all service and maintenance employees employed in the acute-care hospital, which is Providence Alaska Medical Center. The Employer contends that other employees not soug The Employer operates an acute-care hospital and other health care facilities in Anchorage, Alaska. ht by Petitioner must be included in the unit. Petitioner seeks only those service and maintenance employees who are employed in the Providence Alaska Medical Center (the hospital, herein), located at 3200 Providence Drive in Anchorage. The Employer contends that such employees employed in its other Anchorage facilities as set elsewhere forth below must also be included in the unit. Some of the employees at the non-hospital locations would be excluded by Petitioner both on the basis of working in a separate facility and on the basis that they are business office clericals. In addition, some of the employees at issue work in the hospital, but Petitioner would exclude them as business office clericals.

The parties agree that the following classifications<sup>5</sup> should be included in any service and maintenance unit found herein: health unit coordinators in 3 West progressive care; patient care technicians in 3 West progressive care; technicians, monitor in 3 West progressive care; health unit coordinators in 3 West ortho/neuro; patient care technicians in 3 West ortho/neuro; unit support associates in 3 West ortho/neuro; health unit coordinators in 4 North surgical; patient care technicians in 4 North surgical; health unit coordinators in 5 North medical/oncology; patient care technicians in 5 North medical/oncology; unit support associates in 5 North medical/oncology; patient care technicians in 5 West rehab exempt; transcriptionists in anatomic pathology; anesthesia aide/center core in anesthesia; registrar, cancer/tumor in cancer therapy center; transcriptionist I, in cancer therapy center; administrative assistant, in cardiac catheterization laboratory; unit support associate, in cardiac catheterization laboratory; representative, customer service, in HHO cardiac therapy; administrative assistant, in case management; support staff, in case management; lead technician, orthopedic in the cast room; technicians, orthopedic in cast room; team leader, purchasing/catering in catering; assistants, education in Center for Educational Development; cashiers, in community services/gift shop; health unit coordinators in coronary care unit; patient care technicians in coronary care unit; team leader, electrocardiograph, in EKG; health unit coordinator in emergency department; patient care technicians in emergency department; representative I, admitting in emergency department admitting; environmental service workers in environmental services; team leader, environmental services; patient care technician in IMCU; health unit coordinator, infusion unit; health unit coordinators in intensive care unit; patient care technicians in intensive care unit; health unit coordinators in labor & delivery; technician, labor & delivery in labor & delivery; administrative assistant in laboratory; administrative assistant, laboratory in laboratory; coordinator, laboratory compliance in laboratory; coordinator, point of care in laboratory; representative I, admitting in

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<sup>5</sup> The record reveals that during the course of the hearing the parties had available to them a 10-page list of job classifications in the hospital ("the 10-page list," herein). Such list was not offered as an exhibit during the hearing, but was offered post-hearing by stipulation of the parties. I hereby receive the 10-page list into evidence as Posthearing Exhibit 1. During the hearing, the Employer called numerous witnesses who each testified regarding the job classifications and their duties in a specific department. Where such testimony varies from information gleaned from the 10-page list, I have relied herein on the witness testimony, inasmuch as there is no voir dire in support of the 10-page list.

laboratory; coordinator, laundry services in laundry services; health unit coordinator in mental health; patient care technicians in mental health; technicians in mental health; health unit coordinators in mother baby unit; patient care technicians in mother baby unit; administrative assistant in neonatal intensive care unit; health unit coordinators in neonatal intensive care unit; patient care technicians in nursing float pool; environmental service worker in operating room; coordinator, child life in pediatrics; health unit coordinator in pediatrics; patient care technician, children's hospital in pediatrics; administrative assistant in pediatrics develop clinic; administrative assistant in perinatal testing center; health unit coordinators in perinatal testing center; administrative assistant in pharmacy; coordinator, outpatient therapies, in physical therapy; intern, facilities support in plant operations; health unit coordinators in prenatal; patient care technicians in prenatal; environmental service workers in Providence Professional Building; environmental service workers in Providence Towers; administrative assistant in quality improvement; administrative assistant in respiratory care; patient care technician, in sleep disorders clinic; coordinator, dietary services, in dietary; cook II, dietary services, in dietary; specialist, dietary services, in dietary; specialist, dietary warehouse, in dietary; specialist, restaurant services, in dietary; assistant II, dietary/dining services, in dietary; coordinator, laundry services, in laundry services; assistant III, laundry services, in laundry services; assistant II, laundry services, in laundry services; coordinator, restaurant services; in restaurant services; cook II, dietary services, in restaurant services; specialist, restaurant services, in restaurant services; assistant II, dietary/dining services, in restaurant services; assistant, intake coordinator, maintenance; intern, dietary; phlebotomist; technician, endoscopy; transporter; assistant, nutrition program; assistant, special projects; care coordinator, care center.

In addition, the parties agree that the following classifications should be excluded from any service and maintenance unit found herein: cytotechnologist in anatomic pathology; technician II, bio-med in bio-medical; therapist, water aerobics in cardiac exercise; family care coordinator in care coordination; coordinator, education in center for educational development; education coordinators, RN in center for educational development; coordinator, parent and community in children's hospital development; coordinator, resident social services in circle of care; coordinator, community partnerships in community services; coordinator, youth wellness in community services; coordinator, nutrition services in diabetes and nutrition counseling center; coordinator, dietary services in dietary; administrative assistant in employee health; coordinator, infection control program in epidemiological services; team leader, work control in facilities engineering; technicians II, medical laboratory in laboratory; coordinator, MIS training in management information systems; coordinator, marketing and community relations in marketing/community relations; environmental service workers in Providence House; family care coordinator in pediatrics develop clinic; coordinator, marketing and community relations in PIC general & administrative; environmental service workers in Providence House cleaning; specialists, QI support in quality improvement; technicians, coordinator, restaurant services in restaurant services; coordinator, safe communities in safe communities NHTSA grant; coordinator, program in telephone triage; coordinator, trauma in trauma; coordinator, volunteer services in volunteer services; coordinator, accounting information systems; coordinator, cardiovascular QI/data; coordinator, clinical pathway; coordinator, cystic fibrosis; coordinator, facilities support; coordinator, interfaith caregivers; coordinator, massage education; coordinator, residential adolescent unit; coordinator, special projects; registrar, certified cancer/tumor; specialist, clinic; specialist, physician relations; technician, coding/data entry; technician, facilities support; technician, health information services; care coordinator, oncology; radiological assistant; specialist, clinic; specialist, physician relations.

The Employer would include the following classifications, while Petitioner would exclude them: In Providence Imaging Center: dark room aide; file room aide; file room coordinator; file librarian; clerical associate, MRI; coordinator, scheduling/admitting; coordinator, front desk; representative I, admitting. In Women's, Infants' and Children's program: secretary; peer counselor, breastfeeding. In Alaska Cares: administrative coordinator. In Home Health Care: home health aides; administrative assistant; administrative assistants, medical; health unit coordinator; receptionist; Lifeline coordinator;

assistant, Lifeline office. In Langdon Clinic: transcriptionist I; assistant, practice support; practice support specialist. In Diabetes Center: coordinator. In Center for Child Development: secretary; program assistant; dietary aide; environmental services; teachers; teacher assistants. In BP Early Learning Center: program assistant; teachers; associate teachers; teacher assistants. In Adolescent Residential Treatment Center: patient care technicians. In Breakthrough Chemical Dependency Program: secretary; patient care technician. In Circle of Care: secretary. In Medical Staff Services: administrative assistant; credentials specialist; meetings specialist; administrative coordinator. In Admitting/Patient Financial Services: admitting representatives; financial counselors; patient account representatives; census coordinator. In Call Center; file clerks; administrative assistant; communications specialists I and II; secretary. In Management Information Services: lead production operator; production operator; help desk coordinator; help desk analyst; telephone communications analyst; financial analyst; asset manager; administrative assistant. In Case Management: administrative assistant; support staff. In Quality, Safety, and Risk Management (Quality Improvement): administrative assistant; risk management support. In Health Information Services: team leader; transcriptionists I and II; medical records clerks; medical records runners; analysts I. In Community Services: administrative assistant (secretary II). In Purchasing: materials management technicians II and III; secretary II. In General Stores (Warehouse): lead technician; general stores technicians. In Providence Alaska Foundation: administrative assistant; assistant to the foundation. In Administrative Department: administrative assistant; secretary II; executive project specialist.

## **SINGLE FACILITY ISSUE**

### **I.**

The Employer's facility on Providence Drive in Anchorage consists of four buildings interconnected by a covered walkway: the hospital proper, the pharmacy, Providence Professional Building, and Providence Diagnostic Center. Providence Professional Building has a separate address from that of the hospital,<sup>6</sup> and houses Providence Imaging Center; and Women's, Infants' and Children's nutrition program (WIC, herein). In addition, immediately behind the hospital building are the Convent and Providence House. The Convent houses Circle of Care. The foregoing buildings and adjacent parking lots are encircled by a street (Providence East Loop, Providence South Loop). Beyond the perimeter of the street on the south side are woods, except for a parking lot and the Center for Child Development Building. The Employer also maintains other facilities in the city of Anchorage, including: Tudor Park, located at 4175 Tudor Drive, about five blocks from the hospital, which houses the Finance, Patient Financial Services, and Purchasing departments, and Home Health Care; the Medical Office Building at 4001 Dale Street, about three-fourths of a mile from the hospital, which houses the Langdon Clinic, Alaska Cares, and the Diabetes and Nutrition Clinic; the Adolescent Residential Treatment Center (Adolescent Center, herein) located at 2900 East 20<sup>th</sup> Avenue, about three-fourths of a mile from the hospital; Breakthrough Chemical Dependency Program, located at 42<sup>nd</sup> Avenue and Laurel Street, about five blocks from the hospital; and the BP Early Learning Center, located on Meadow Street, about three miles from the hospital.

**Providence Imaging Center (PIC)** is on the first floor of the Providence Professional Building. Physician offices are on higher floors. PIC is jointly owned by Alaska Medical Imaging, a corporation of four radiologists, and John Gabriel Ryan Corporation, which is a subsidiary of Providence Health Systems. PIC employees are employees of the hospital<sup>7</sup> contracted to PIC. PIC employees are covered

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<sup>6</sup> The address of PIC is 3340 Providence Drive.

<sup>7</sup> There was frequent testimony about individuals being "employed by the hospital." The record does not reflect what this conclusory term means, whether there are "non-hospital" employees, and what the distinction is.

by the same policies as other hospital employees, paid according to the same wage scale, receive the same benefits, and have access to the same Human Resources department policies. PIC follows the hospital's policies regarding discipline. PIC is under the overall supervision of director Luann Moss, who reports to Colleen Bridge, assistant administrator of the hospital. Within PIC under Moss are five supervisors: one each for x-ray, ultrasound, MRI, and mammography, and one for all clerical employees and support services.

PIC does general diagnostic x-rays, ultrasound imaging, mammography, stereotactic breast biopsies,<sup>8</sup> and magnetic resonance imaging (MRI). The hospital also has facilities for general diagnostic x-rays and ultrasound imaging, but mammography, stereotactic breast biopsies, and MRIs are not performed in the hospital. About 800 to 1,000 patients go through PIC per week; of those, four or five are from the hospital emergency room and about 15 are hospital inpatients. All the rest are outpatients. About 125 to 150 hospital cancer patients have had mammography, breast biopsies, or breast ultrasound tests in PIC in the past, and the records for those patients are available to the hospital surgery department. Hospital emergency room patients who need an MRI go to PIC for that test. PIC offers only diagnostic, not therapeutic, services.

The employees at issue in PIC include: aide, dark room, who processes x-ray film; aide, file room, who files films; coordinator, file room, who does labels, retrieval and sending out of films, and tracks films by computer; and librarian, file, the senior position in the file room. The parties are agreed that employees in those four classifications are service and maintenance employees. Also employed in PIC are four classifications contended by Petitioner to be business office clericals and by the Employer to be service and maintenance employees. These are: clerical associate, MRI, who schedules MRI patients through physicians' offices; coordinator scheduling/admitting, who schedules patients for mammography and stereotactic biopsies; coordinator, front desk, who is the receptionist and also enters physicians' orders into the computer for use by the x-ray technologist and radiologist; and representative I, admitting, who does the registration paperwork for walk-in patients. There is no record evidence of any regular interchange between PIC employees at issue and any hospital employees, or of any regular work contacts between the two groups. None of the PIC supervisors, including Moss, supervises any hospital employees.

**Women's, Infants' and Children's' program (WIC)** is located on the first floor of the Providence Professional Building. Stephanie Birch, administrator for the Children's Hospital, supervises WIC, which is a department of the Children's Hospital. The Children's Hospital itself is located within the hospital, and serves the health care needs of pregnant women, children, and newborn intensive care patients. WIC is funded by a Department of Agriculture grant. The employees in WIC are employees of the hospital, and share the same wage scale, benefits, and working conditions with hospital employees. At issue herein are the non-professional employees in WIC. There are two secretaries who act as receptionist, make appointments, maintain the schedule of classes given to patients, and issue food vouchers to patients.<sup>9</sup> There are also three peer counselors, breastfeeding, who are part time employees who have been trained by the hospital to counsel new mothers. WIC is an outpatient program, and its patients are not necessarily former patients of the hospital.

**Alaska Cares** is a service for children who have made allegations or have physical evidence of sexual abuse. It is funded by a congressional grant through Indian Health Services. It is located in the Medical

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<sup>8</sup> A stereotactic breast biopsy is a radiologically directed biopsy of possibly cancerous lesions which have been identified in mammography.

<sup>9</sup> The vouchers can be redeemed at local grocery stores.

Office Building at 4001 Dale Street, less than a mile from the hospital. It's purpose is to provide one place where all concerned agencies and providers of services can meet with a child, so that the child need not relate its history numerous times. Alaska Cares is supervised by Birch. The employees at Alaska Cares are hospital employees, and share the same wage scale, benefits, and other working conditions.

Only one such employee is at issue herein, the administrative coordinator, who handles telephone calls, makes appointments for children, does transcription for nurse practitioners, and handles referrals to other services. When she is on vacation, a unit clerk from the hospital substitutes for her. There is no evidence that she ever works in the hospital, or that she has any regular contacts with employees in the hospital.

**Home Health Care** is located about five blocks from the hospital at 4175 Tudor Drive. Home Health Care provides skilled care by RNs, occupational therapists, physical therapists, and speech therapists, and home health aides, who provide personal care assistance such as bathing, dressing, and food preparation, following a care plan written by a professional. Home Health Care is under the supervision of director Kathleen Lum. Reporting to Lum are a nursing supervisor, therapy supervisor, business operations manager, medical social workers, and a health aide supervisor. No hospital employees report to Lum or any of the supervisors under her.

The parties agree that home health aides are service and maintenance employees. In addition, Home Health Care employs two administrative assistants, medical, who do billing and accounts receivable, and prepare for each patient a document called a 485 which lists all physicians' orders and items required by Medicare; two health unit coordinators, who coordinate supplies and paperwork for nurses, do the clerical parts of clinical records, handle pre-insurance qualification for patients, and keep an inventory of medical supplies; a receptionist who answers the telephone and keeps a computer log of physicians' orders and gets those orders signed within the required time period; two Lifeline coordinators, who install an emergency response button in patients' homes and handle related paperwork; and one assistant, Lifeline office, whose duties are not specified in the record. The foregoing positions do not require greater than a high school diploma, except that health unit coordinators must complete a course in medical terminology within the first 90 days of employment.

Home Health Care employees receive the same wages and benefits as hospital employees, and personnel issues are handled by the hospital's human resources department. There is no evidence of any regular interchange between Home Health Care employees and hospital employees, or of any regular work contacts between the two groups.

**Langdon Clinic** is a 16-provider psychiatric outpatient clinic, located at 4001 Date St., less than a mile from the hospital. Randall Jones is the clinic director. The front-office staff in the clinic report to Terry Davis, practice manager. Davis does not supervise any hospital employees.

Four employees involved herein are employed at Langdon Clinic: one transcriptionist I, who transcribes doctors' initial evaluations of patients and deals with requests for medical records; two "assistants, practice support" who schedule patients, call in medications, and do filing; and one practice support specialist, who does literature searches and makes travel arrangements for doctors, as well as the same duties as the "assistants, practice support."

Langdon Clinic employees are paid according to the same wage scale and receive the same benefits as hospital employees. There is no record evidence of any regular interchange between Langdon Clinic employees and hospital employees, or of any regular work contacts between the two groups.

**Diabetes and Nutrition Center**, also located at 4001 Dale Street, provides educational services to diabetes patients and other patients with endocrine disorders. The Center is supervised by Lynn Rodda, director of medical staff services and risk manager. Medical staff services is the hospital department which processes applications from physicians seeking to be members of the hospital staff. Risk management is concerned with professional liability issues and medical malpractice. Medical staff services is located in the hospital, and there are four classifications of employees there who are at issue herein as to whether they are service and maintenance employees or business office clericals.

There is one employee of the Diabetes and Nutrition Center involved herein, the Diabetes Center coordinator, who greets patients when they arrive, schedules appointments by telephone and in person, does some computer entry of billing information, and does filing. The coordinator has the same wage scale and benefits as hospital employees. There is no record evidence that he ever interchanges with any hospital employees, or has any regular contacts with them.

**Center for Child Development (CDC)** is located adjacent to the hospital at 3400 Providence Drive. It is a corporate-sponsored child care center under the direction of Margaret Bauer. It provides child care for Providence employees and physicians. On a few occasions, children of parents who do not work for Providence have been admitted.<sup>10</sup> A summer camp open to the public is also offered. The Center has two supervisors and an education coordinator, all stipulated by the parties to be statutory supervisors. Also employed are a secretary, a program assistant, a dietary aide, two environmental services employees, and about 30 teachers and teacher assistants, all at issue herein.<sup>11</sup>

The teachers and teacher assistants must be high school graduates, and lead teachers have a child development associate credential which they obtain through on-the-job training.<sup>12</sup> They provide care for pre-schoolers, toddlers, and infants. The program assistant does all the billing, deals with parents, and does accounts receivable. The secretary answers the telephone, makes appointments for intakes, does the mail, assists with fundraising events, types reports, and deals with licensing issues. The dietary aide prepares four snacks a day, washes dishes, and brings food carts to areas in the center. Two environmental services employees clean the facility at night.

All Center purchases are made through the Employer's central purchasing system. Center employees are paid according to the same wage scale and receive the same benefits as other Providence employees. Over the past 15 years, about 20 Center employees have transferred to unit clerk or dietary positions in the hospital, but no hospital employees have transferred to the Center.<sup>13</sup> Center employees do not go to the hospital for any work purposes, other than to occasionally take a group of children there for a visit to their parents. Otherwise, Center employees do not have on-the-job contacts with hospital employees. None of the Center supervisors supervises any hospital employees. Postings for hospital jobs are available in the staff lounge at the Center. To hire a new employee, Bauer must submit a requisition

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<sup>10</sup> The example given in the record was a family that needed evening child care not otherwise available.

<sup>11</sup> On brief, Petitioner lists associate teachers in CCD and shift coordinator, CCD, as among the employees at issue; such classifications are listed on the 10-page exhibit.

<sup>12</sup> On brief, Petitioner contended for the first time that teachers are technical employees, on the basis of an Employer requirement that they have the child development credential and/or an associate degree. The record is insufficient to make any finding regarding the technical status of teachers, inasmuch as the issue was neither raised nor fully litigated at hearing, and the relevant witness testified that "lead" teachers, not otherwise defined, are required to have the credential, and otherwise testified that "teachers" are so required.

<sup>13</sup> Bauer explained that wages in the Center are the lower than in the hospital.

to a Human Resources committee for approval of the position, then Bauer makes the actual hiring decision.

**BP Early Learning Center (BPELC)**, also under Bauer's direction, is located on Meadow Street, about three miles from the hospital. BP Exploration, a large private employer, contracts with Providence to provide child care for BP's employees. It is not clear from the record whether this Center is located at a BP facility, but in December the Center will move to BP's new headquarters building. The BP Center appears to have no relationship to the hospital; the Employer just happens to run the program. The staff at BPELC includes two program assistants, five teachers, two associate teachers, and eight teacher assistants. The BPELC staff have the same duties and qualifications as the employees in the Child Development Center, and go through the same orientation program. Occasionally, an employee from BPELC works at CDC when CDC is short on staff, but the record does not establish how often this happens. There is no evidence of any regular interchange between BPELC employees and hospital employees, or of any common lower-level supervision.

**Adolescent Residential Treatment Center** (Adolescent Center, herein) is located at 2900 East 20<sup>th</sup> Avenue, about three-fourths of a mile from the hospital. The Adolescent Center opened in October 1998. It has accommodations for up to nine girls ages 13 to 18 who have been stabilized but have long-term problems. The Adolescent Center is not part of the hospital, but its administrator is Susan Humphrey-Barnett, who is the hospital's assistant administrator for mental health services and also oversees the adult and adolescent psychiatric units in the hospital. The Adolescent Center has a separate clinic supervisor.

Adolescent Center employees at issue herein include two or three patient care technicians.<sup>14</sup> They work on the night shift. They fill in logs. They assure that any residents who get up in the night do not escape or harm themselves. They check doors, count medications, count silverware, scissors, and sharp items, and sanitize silverware. They are required to have a high school education. They wear the same type of badges as do hospital employees. There is one hospital-employed patient care technician who is cross-trained to work in the Adolescent Center and has done so two or three times, but there is no evidence that any of the Adolescent Center employees ever work in the hospital, or have any regular work contacts with hospital employees.

The hospital provides some support services to the Adolescent Center, in that its sheets and towels are laundered at the hospital, and lunch and dinner are brought over to the Adolescent Center from the hospital. Cleaning is done by an outside janitorial service, and supplies are purchased directly.

**Breakthrough Chemical Dependency Program** is located at 42<sup>nd</sup> Avenue and Laurel Street, about five blocks from the hospital. It provides intensive outpatient treatment in which patients are present in the facility for three hours a day every day. The program is overseen by Humphrey-Barnett.

There are two secretaries who answer telephones, refer clients to other programs, schedule appointments for counselors, and greet clients. There is also one patient care technician, who assists in taking urine samples, drives patients to AA meetings and to and from the hospital for lunch in the cafeteria there.<sup>15</sup>

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<sup>14</sup> On brief, Petitioner lists "mental health technician," as also being at issue. The 10-page exhibit lists six such positions.

<sup>15</sup> On brief, Petitioner also lists a "support specialist practice" as being at issue.

**Circle of Care** is located in the Convent, a separate building adjacent to the hospital. Circle of Care provides case management for frail older adults and some disabled adults living in the community, under the management of Lila Berry, who does not supervise any employees in the hospital. In addition to RNs and MSWs not involved herein, one secretary is employed. The secretary answers the telephone, does filing, data entry, and billing, and visits the hospital daily to pick up the mail, but otherwise does not perform any work in the hospital. There is no evidence that the secretary has any regular work contacts with any hospital employees.

## II.

The Board has consistently held that a single-facility unit geographically separated from other facilities operated by the same employer is presumptively appropriate. *Manor Healthcare Corp.*, 285 NLRB 224 (1987); *Passavant Retirement and Health Center*, 313 NLRB 1216 (1994). In *Manor Healthcare*, the employer operated more than 100 nursing homes in 22 states. The petitioner sought a unit of service, maintenance, and technical employees in the Rossville, Maryland, home. The employer contended that the smallest appropriate unit included such employees in its Towson, Maryland, home, about 10 miles away, and in its Ruxton, Maryland, home, about 13 miles away. The Board found the single facility unit to be appropriate, noting that the closest other facility was 10 miles away; that there was virtually no interchange between the Rossville employees and those at other facilities, just irregular temporary interchange and rare permanent interchange; that there was no functional integration, although there was some degree of administrative centralization. In *Passavant*, a unit clarification case involving an existing unit of non-professional nursing home employees (Main Building unit) and a new group of such employees working in a facility (Newhaven Court) located about 300 yards from the facility in which the existing unit was employed. The Board found Newhaven Court to be a separate facility and its employees to constitute a presumptively appropriate separate unit. In so finding, the Board noted that the employees at Newhaven Court had separate supervision, no regular interchange or contact with employees at the Main Building, and had different skills and duties. These factors outweighed other factors such as common management services, including human resources, marketing development, fiscal services, general administration, maintenance, laundry, transportation, and security.

In *Jewish Hospital of Cincinnati*, 223 NLRB 614 (1976). The petitioner sought a unit of service employees in a hospital. The employer contended that the unit must also include such employees employed in the Children's Psychiatric Center and in the Women's Auxiliary Fountain and Gift Shops. The Children's Psychiatric Center (CPC) was one of the four operational divisions of the Jewish Hospital Association, the hospital proper being another such division. The CPC was located in a separate building about 200 yards from the hospital complex, across a city street. The CPC was substantially funded by political subdivisions, and some employees received paychecks directly from a political subdivision; others were paid entirely by the employer; and a third group received paychecks from the employer but their compensation, wage rates, and job entrance requirements were set by one of the several political subdivisions. Employees were shifted from one payroll to another, depending on available funding. The CPC employees performed all of their job duties in the CPC building, seldom ate in the hospital cafeteria, and had only rare contacts with hospital employees. The Board found, based on the physical separation, shifting of employees from one payroll group to another, and infrequency of employee contact and interchange with hospital employees, that the CPC employees did not share a sufficient community of interest with the hospital employees to warrant their inclusion in the unit. The Fountain and Gift Shops were operated exclusively by the Women's Auxiliary to the Jewish Hospital. The Auxiliary received no monies from the hospital and was charged by all supplies and services provided by the hospital. The Fountain and Gift Shops were located on hospital premises. The employees were paid on the hospital payroll, for which the Auxiliary reimbursed the hospital. The Board found that the Auxiliary independently and autonomously determined wages and terms and conditions of employment for the Fountain and Gift Shops employees and that the Auxiliary and the employer were not joint employers; therefore the employees of the Auxiliary were excluded from the unit.

In determining whether the single facility presumption has been rebutted, the Board looks at such factors as central control over daily operations and labor relations, including the extent of local autonomy; similarity of employee skills, functions, and working conditions; degree of employee interchange; distance between locations, and bargaining history, if any. *Mercy Health Services*, 311 NLRB 367 (1993). In assessing community of interest, the Board has found lack of common immediate supervision and absence of employee interchange to be “especially important” factors militating against inclusion of employees at separate locations in the same unit. *Towne Ford Sales*, 270 NLRB 311 (1984).

*Saddleback Community Hospital*, 223 NLRB 247 (1976) involved employees in a hospital pharmacy and those in a medical clinic pharmacy located about 400 feet from the hospital and separated by a street. The petitioner sought a unit of all non-professional employees employed in both pharmacies and a unit of all pharmacists employed in both pharmacies. The employer contended that only separate units at each location were appropriate. The Board upheld the Regional Director’s finding that, with respect to employees in the hospital pharmacy, the only appropriate units would include all non-professionals and all professionals in the hospital; and that separate units of the nonprofessional and professional employees of the clinic pharmacy alone were not appropriate, on the basis of the close proximity of the two pharmacies, centralized control of labor relations, common ultimate supervision, similarities in job duties and skills, and shared wages and benefits. The Regional Director also found that it would be inappropriate to fragment the clinic pharmacy employees from an overall unit of clinic employees.

In *West Jersey Health Systems*, 293 NLRB 749 (1989), the employer operated four hospital facilities, known as divisions, in a single system. The facilities were 9 to 20 miles apart. The petitioner sought to represent employees in three of the four divisions, in separate, single-facility units. The Board found that only a multi-facility unit including employees in all four divisions was appropriate. In so finding, the Board noted that the four divisions were “relatively close” to one another; that there had been a significant degree of permanent transfers of employees among divisions, as well as steady temporary interchange; there was functional integration, as evidenced by the system-wide accreditation, numerous centralized departments, and centrally determined and enforced personnel policies and procedures.

In *Kaiser Foundation Health Plan of Oregon*, 225 NLRB 409 (1976), the petitioner sought a unit of psychotherapists employed in the mental health clinic, one of seven outpatient clinics operated by the employer, along with an acute care hospital. The Board found that a unit limited to professionals at a single clinic was inappropriate. In so finding, the Board noted that employee records were centrally maintained, and the mental health clinic was highly integrated with the hospital, in that patients from all other clinics were referred to the mental health clinic; some of the psychotherapists performed work at other locations; and other employees performed similar work at other clinic locations. Most importantly, the Board said, was that the creation of a unit of psychotherapists would leave most of the employer’s remaining professionals unrepresented. The Board found that the centralized control of labor relations, the psychotherapists’ relationships with other professionals at the hospital, and particularly the fact that the requested employees included employees whose duties were close to those of employees in other clinics. Further, the Board contrasted the circumstances found in *Kaiser* with *St. Anthony Center*, 220 NLRB 1009 (1975), in which it had found appropriate a unit of non-professional employees in one of two facilities in Houston, Texas, noting that there was a high degree of autonomy at each location, including its own personnel manual and policies regarding wages and benefits, circumstances not existing in *Kaiser*.

In *Lutheran Welfare Services*, 319 NLRB 886 (1995), the petitioner sought a unit of non-professionals employed in one of two facilities which were less than 200 feet apart and separated by a parking lot used by both. The Board found that the only appropriate unit included such employees in both facilities, based on the evidence of functional integration and employee interchange between the two

facilities. One facility did the laundry for both; several dieticians floated between the two; and pool nurses could work in either. The two also shared common labor relations and personnel policies.

In the instant case, the various facilities outside the hospital proper do not all fit into a common mold: some are located contiguously with the hospital, or immediately adjacent to it and can be said to be part of an overall hospital complex, while others are scattered at different locations from a few blocks to about a mile away. There are other differences as well. Some are under the same immediate or second-level supervision as departments in the hospital; this is true of WIC, Alaska Cares, and Diabetes and Nutrition Center. Some are integrated to some extent with the hospital: PIC provides certain diagnostic services not available in the hospital; CDC provides a support function for the employees of the hospital. Some are none of those things, but all employees involved herein are employed by the same Employer, and are subject to the same wage scale, benefits, and personnel policies, and have recourse to the same Human Resources department for resolution of personnel issues. Circumstances found herein do not wholly mirror those found in any of the cases cited by either party.

### **III.**

On the basis of the record before me, and the case law as set forth above, I conclude that service and maintenance employees employed in PIC, WIC, Circle of Care, and CDC are included in the unit because they are located within the overall hospital complex, and, further, PIC and CDC are functionally integrated with the hospital to at least some degree, WIC shares supervision with a hospital department, and there is only one employee in Circle of Care.<sup>16</sup> In addition, I conclude that service and maintenance employees in the Diabetes and Nutrition Center and Alaska Cares are included in the unit, even though they are separate from the hospital complex, inasmuch as each of them shares supervision with hospital employees, a hospital employee occasionally substitutes for the employee at Alaska Cares, and there is only one employee at each of those locations.

Further, I conclude that service and maintenance employees in Home Health Care, Langdon Clinic, BPELC, the Adolescent Center, and Breakthrough Chemical Dependency are not included in the unit. These facilities are all geographically separated from the hospital, are not functionally integrated with the hospital,<sup>17</sup> have no common immediate or second-level supervision, and there is no regular interchange or work-related contacts between the employees in these facilities and hospital employees.<sup>18</sup>

## **BUSINESS OFFICE CLERICALS ISSUE**

### **I.**

In addition to employees in PIC, WIC, Circle of Care, CDC, Diabetes and Nutrition Center, and Alaska Cares described above who are at issue as to their status as service and maintenance employees, there are a number of classifications employed in various departments in the hospital itself who are contended by Petitioner to be business office clericals rather than service and maintenance employees. The parties are in agreement that the following classifications are business office clericals excluded from

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<sup>16</sup> Exclusion of the Circle of Care secretary could leave that employee as the only unrepresented service and maintenance employee on the entire hospital complex.

<sup>17</sup> I do not regard the fact that some of the laundry for the Adolescent Center is done in the hospital to be sufficient evidence of functional integration.

<sup>18</sup> Evidence of the limited interchange between BPELC and CDC employees is not sufficient to establish that such interchange is regular and substantial, and thus does not require a finding that the employees in BPELC are included in the unit, inasmuch as BPELC is geographically separate from CDC and further is not operated as an adjunct to the hospital but is a contract service provided to another employer. Simply put, BPELC has nothing to do with the hospital.

any unit of service and maintenance employees: administrative assistant, lead payroll specialist, and payroll specialist in accounting/finance; administrative assistant, lead outpatient billing/collecting, patient accounts representative I, II, and III, and project coordinator in patient accounting/PFS. Such employees all work at the Tudor Park location.

**Medical Staff Services.** Lynn Rodda is director of medical staff services, which processes applications from physicians to become a member of the hospital staff. Rodda is also risk manager, wherein her duties involve professional liability issues and medical malpractice; and she is the manager of the Diabetes Center. The employees in medical staff services are located in the basement of the hospital.

The employees in medical staff services who are at issue are: one administrative assistant, one credentials specialist, one meetings specialist, and one administrative coordinator. The administrative assistant answers the telephone; does data entry into the physician database; manages the credentialing information; communicates with the relevant hospital department regarding changes in a physician's address, telephone number, or beeper number; and maintains hard copy notification of nursing areas of each physician's privileges in the hospital. The credentials specialist handles applications and reappointment applications (every physician has to re-apply every two years), which involves primary verification of licensure, all the physician's training, DEA license, and a query of a national database for any malpractice history. The meetings specialist is responsible for supporting all medical staff meetings by assisting in preparation of agendas and meeting packets, and assuring that minutes are kept. The administrative coordinator provides clerical support to Rodda and a Dr. Wolf, and does the medical staff newsletter.

**Admitting/patient financial services.** Linda Walker, director of patient financial services, oversees the admitting employees who work in the hospital. Also under Walker's direction are employees in patient accounting/patient financial services who work at the Employer's Tudor Park location and are acknowledged business office clericals. The admitting employees at issue are set forth below, along with their job duties.

Admitting representatives<sup>19</sup> register patients for hospital services, thereby initiating both the billing record and the clinical record. They do such registrations both by telephone and in person. They are stationed at the front door of the hospital in a row of admitting booths where they interview patients and put charts together. On occasion they escort patients to the appropriate hospital floor. They spend about 80 percent of their time interacting with patients and physicians' offices, and the remainder doing associated paperwork. There are about nine admitting representatives. In addition, there are about nine admitting representatives employed in the emergency department and not at issue herein.

There are two or three financial counselors, who assist patients in securing payer sources; review the daily census and visit all patients who have been admitted with no third-party-payer source; screen for Medicaid and a similar state program; help patients fill out applications for those programs. They have workstations near the admitting area, and spend about 70 percent of their time going to floors and visiting patients. There is also one specialist, medical assistant who does Medicaid applications.

There are about three customer service team, patient account representatives. One answers questions from patients about their bills, makes copies of bills for patients, and accepts walk-in payments

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<sup>19</sup> In addition to the classifications described in record testimony, the 10-page exhibit and Petitioner's brief list lead admitting representative; pre-registration representative; and specialist, medical assistance. There is no record evidence with respect to these three classifications. The Employer on brief also lists "specialist, medical assistance," citing "Job Description #580" not in evidence.

for bills. One processes charity applications. One spends half her day at a customer service window accepting walk-in payments of bills, and the other half of her day doing cashier functions in the cafeteria and other areas, and counting cash and preparing the deposit for pick-up.

The census coordinator assists in assigning the proper beds to inpatients as they are admitted, as different beds have different acuities, accommodation rates, and criteria. This person works with the house supervisor and doctors' offices in assigning patients to beds, in transfers, and in discharge. There are four census coordinators; they work in the hospital directly behind the main admitting area.

There is one concierge who is responsible for transporting patients to their rooms upon admission and assists with patient escort needs inside the hospital. This position is also called transporter, and the parties are agreed that it is included in the unit.

**Call Center.** Patricia Reynaga is the Call Center manager. There are two groups of employees under Reynaga, Telephone Triage and Telecommunications. Telephone Triage offers referrals for callers seeking a physician; a physicians' answering service, and a nurse advice line. The RNs who handle such calls are located on the second floor of the hospital. Employees in Telephone Triage who are at issue are: two file clerks, who file, do copying, make up packets for the Baby Connection program, do doctor referrals, type, and distribute mail. There is also an administrative assistant who spends part of her time in Telephone Triage doing billing for the answering service and Telephone Triage guidelines. The administrative assistant is employed in Patient Care Resource Services<sup>20</sup> and reports to Midge Stafford, the chief nurse executive. The administrative assistant also does minutes and documentation for clinical manager's meetings. She is the only employee in Patient Care Resource Services (undefined in the record) involved herein.

Employees in Telecommunications are communications specialists I and II and lead communications specialists. There are about five employees in the II position, about six employees in the I position, and one lead. The lead does staffing, scheduling, and evaluations.<sup>21</sup> The level I specialists handle communications for emergency events such as fire alarms, medical emergencies, and bomb threats; they also check alarms on refrigerators and freezers in the bio-med area; and they handle the CBX boards answering the hospital's main telephone number. They spend the majority of their time answering and transferring calls. The level II specialists dispatch the Lifeguard air ambulance service, which has three aircraft; the specialists keep track of the aircraft while they are airborne and handle communications with the FAA. There is also a secretary who works at the information desk at the entrance to the hospital; this person greets people entering the hospital, gives directions, makes copies of doctors' face sheets for billing purposes, and locates patients for telephone calls, mail, flowers, and balloons.

**Management Information Systems (MIS).** MIS, located in the hospital basement, is responsible for computers, including software, hardware, and networks, in the entire Providence Health System service area in Alaska. The department is also responsible for telecommunications, phone switch activities, and information systems. Janet Smith is the chief information Officer. She has about 44 employees working under her, including various engineers, project managers, and network analysts who are stipulated by the parties to be professional employees within the meaning of the Act. Other employees in MIS are at issue herein. Such employees report to the customer service manager. The employees in this department do not have direct contacts with patients, nor do they interchange with any unit employees not at issue. Also in the basement are some physicians' offices, the cafeteria, sterile processing, the morgue, environmental services, facilities, and administration.

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<sup>20</sup> Reynaga testified that Telephone Triage "is part of Patient Care Resource Services, I guess, kind of."

<sup>21</sup> No party contends that the lead communications specialist is a statutory supervisor.

There are about six production operators and one lead production operator. They monitor the servers, print and distribute reports, and do data entry when required. They decide who to call and when regarding problems, including calling network engineers for assistance on weekends. They are not required to have any degree beyond high school. They talk to employees in all other areas of the hospital by telephone and visit those employees' work stations as needed to assist with printer or computer problems.

Help desk coordinators staff a help desk from 6:30 a.m. to 5:00 p.m. They are the first point of contact for an employee with a computer problem. There are two employees in this position. There are also two help desk analysts, who go out to work stations on the hospital floors to resolve computer problems.

There is one telephone communications analyst who is responsible for maintaining the telephone system, taking care of adds, changes, moves, and phone problems. This person has expertise with the Lucent phone switch, a computer. This person occasionally visits patient rooms to set up a speaker phone or to replace a phone. The position requires technical education in networking and communication flow. There is no contention that this position is a technical employee.

There is one financial analyst, who tracks and monitors the MIS budget, tracks all invoices and purchase orders, follows up with vendors, interacts with the Employer's finance department, and tracks telephone usage. The incumbent has a bachelor's degree in an unspecified subject. No party contends that the financial analyst is a professional or technical employee.

There is one asset manager who is responsible for all assets such as PCs, servers, monitors, and hubs, and who makes purchases from vendors, although does not make the purchasing decisions. The position requires a bachelor's degree in an unspecified subject or eight years' relevant experience. There is no contention that the asset manager is a professional or technical employee.

There is one administrative assistant who manages Smith's calendar, coordinates meetings, takes minutes, does mail distribution and travel arrangements, answers the telephone, and does filing. The administrative assistant occasionally goes out to the hospital floors to put up flyers at nurses' stations and in breakrooms, and later retrieves the flyers.

**Case Management.** Pat Cessnun is the regional director of Outcomes and Information Management. Among other things, Case Management is under her direction. Case Management is also called Utilization Management. There are about 12 RNs, not involved herein, in Case Management, along with two or three non-professional employees. The record is unclear as to whether the complement of non-professionals includes two administrative assistants, or two support staff, or one administrative assistant and two support staff. In any event, Cessnun testified as to the job duties of two clerical employees who fax supporting documentation to insurance companies, take calls from insurance companies, gather information on who has been admitted to the hospital, file documentation, and maintain a tickler file. They have regular telephone contacts with admitting personnel, nursing unit personnel, and business office personnel. They are located in the convent building behind the hospital, and are supervised by the director of Utilization Management.

**Quality, Safety, and Risk Management.** There is a director of Quality, Safety, and Risk Management who reports to Cessnun. Apparently, this area is also called Quality Improvement.<sup>22</sup> It is located in the convent building behind the hospital. There is one clerical support employee in this area, who apparently is an administrative assistant.<sup>23</sup> There are also three other employees who are professional or technical and not involved herein. The administrative assistant transcribes minutes for the environmental care committee and for process improvement chartering teams; answers the telephone; ensures that regulatory manuals are photocopied and distributed, and that online versions are updated on the network. She has regular telephone contacts of an unspecified nature with many employees in the hospital.

Cessnun testified that the administrative assistant also takes complaints from patients or visitors regarding slippery ice on walkways or other matters. There is a risk management support person who reviews unusual occurrences or complaints, such as slips or falls, or patients unhappy with the temperature of meals. The risk management support person<sup>24</sup> talks to the complainant, resolves the situation if possible, and follows up to prevent recurrences. The incumbent has a bachelor's degree in an unspecified field. There is no evidence that any advanced degree or specialized training is required to perform the job.

**Health Information Services.** There is a director of Health Information Systems who reports to Cessnun. Employees in this area who are at issue include a team leader, transcriptionists, medical records clerks, medical record runners, and analysts I and II.

The team leader is responsible for staffing, work allocation, coaching, and training. The team leader also has "significant input" into hiring and disciplinary decisions. Neither party contends that this position is a statutory supervisor.

There are about 15 transcriptionist Is and IIs. Doctors dictate notes into a telephone connected to dictation equipment; transcriptionists then transcribe the dictation, using computers with specialized software. When a document is completed, it is sent electronically to the location of the patient and added to the patient's medical record.

There are about four medical records clerks. They pull patient records and take them to any hospital unit that needs them. They file documents in patient records, and take records to physicians' offices for signatures. They also pull records for special studies and refile records.

There are about three medical records runners. They take patient records from one location to another, primarily taking incomplete records to physicians and then bringing them back when they are completed.

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<sup>22</sup> Cessnun testified regarding "Quality, Safety, and Risk Management." She also later identified "Quality Improvement" as being under her direction. On brief, neither party addresses Quality, Safety, and Risk Management and Quality Improvement as being separate areas. Thus, I conclude that they are the same.

<sup>23</sup> Cessnun testified as to the duties of a clerical support person in Quality, Safety, and Risk Management. She also later testified as to similar duties performed by the administrative assistant in Quality Improvement. I conclude that the position referred to in the record as clerical support in Quality, Safety, and Risk Management and as administrative assistant in Quality Improvement is one position.

<sup>24</sup> Petitioner identifies this position as being the same as "QI specialist" although the parties agreed on the record to exclude "specialist, QI support."

There are six or seven analysts I who photocopy records for release to patients, attorneys, or insurance companies; and file documents in records. There are also an unspecified number of analyst IIs, who help analyze records for completeness and make decisions about what to do with the contents of a record based on reading it; they have knowledge of medical terminology and some anatomy and physiology education.

**Community Services.** These employees report to Paul Richard, service area director. The parties are in agreement that the two gift shop cashiers are included in the unit. There is one administrative assistant, also called a secretary II in the record. He takes minutes of meetings, does correspondence for Richard, maintains the database for the coordinator of volunteer services, keeps volunteer files up to date, and acts as receptionist. He works in a shared reception area (shared by Community Services and Employee Health) in the basement of the hospital. Most of his contacts with other hospital employees are by telephone.

**Purchasing.** The purchasing department reports to Jane Griffith, director of finance. Purchasing employees are located at the Employer's Tudor Park facility, at 4175 Tudor Road, except for warehouse employees, who work in the basement of the hospital. Other employees who work at Tudor Park are acknowledged business office clericals, including other employees who report to Griffith. Purchasing employees at issue herein include about seven materials management technicians II, two materials management technicians III, and a secretary II.

The materials management technicians do the buying for the facility, or work in accounts payable preparing checks and making sure approved invoices are paid correctly. Those in the III position have greater buying authority and work on larger construction projects with facilities employees, on multi-year contracts, and on large equipment purchases. Both positions require at least four classes in business and accounting, but no degree is required.

The secretary answers telephone calls and routes them, does filing, makes sure checks are mailed appropriately, assures that vendors entering the hospital have been identified and sent to the correct department, and occasionally assists in the hospital mail room.

There are also warehouse employees, who work in the basement of the hospital. These include about ten "general stores technicians" and a lead technician. They take in merchandise, warehouse it, and distribute it. The merchandise they handle includes everything that comes into the hospital except pharmaceuticals and food.

**Providence Alaska Foundation.** The Foundation receives gifts, including funds and real estate, from the community and individuals and uses those gifts to fund new equipment, nurse training, and other programs in the hospital. Rebecca Parker is the president of the Foundation. She has an office on the main floor of the hospital between the cancer center and the heart center. The Foundations shares a suite with the hospital's Community Relations department.

Employees reporting to Parker include a half-time administrative assistant who answers the telephone, coordinates meetings, takes minutes of meetings, and does general office work; and an assistant to the foundation, who keeps the list of donors on the computer updated, takes RSVPs for all major functions, writes a newsletter, takes minutes of meetings, and provides support for special events. Petitioner questions whether they are hospital employees, inasmuch as Parker testified that they are employees of the Foundation who receive their paychecks from Providence Alaska Health System. Parker herself reports to the Chief executive of Providence Alaska Health System and to a board of directors for the Foundation. In addition to Parker, Stephanie Birch, administrator for the Children's Hospital at Providence, also testified regarding the Foundation employees. Birch testified that there is a

secretary/receptionist -- apparently the same individual referred to by Parker as "administrative assistant" who handles telephone calls, arranges meetings, and does general secretarial duties for both the Foundation and Community Relations. Parker made no mention in her testimony of the administrative assistant doing any work for Community Relations. The Employer bases its contention that the Foundation employees should be included in the unit in part on the sharing of the secretary/administrative assistant by the Foundation and Community Relations. However, contrary to the Employer's claim, Petitioner has not conceded that any Community Relations employees are included in the unit. I note that the only Community Relations employees listed in the missing exhibit are two coordinators who are excluded by stipulation of the parties.

**Administrative Department.** The hospital has an administrative department located in the basement of the hospital building. The office of Jean O'Hara, the hospital administrator, is located there. Directly under O'Hara is Charlene Johnston, executive administrative manager. The employees at issue report to Johnston.

There are three administrative assistants. They do scheduling and filing, set up meetings, take minutes, answer telephones, escort guests, and make sure administrators are prepared for meetings. One of them is assigned to the chief nurses executive; one is assigned to the financial officer and the chief administrator of support facilities; and the third is assigned to the assistant administrator of acute and ambulatory care, the assistant administrator of outcomes and information management. and the assistant administrator of mission integration.

There is also a secretary II, who is the receptionist, answers the telephone for administration, and does some supply ordering. In addition, there is an executive project specialist who supports the assistant administrator for Human Resources, the administrator for physician services, and two planners by doing their meeting scheduling, assisting with projects, and doing secretarial work.

## II.

In *Backus Hospital*, 220 NLRB 414 (1975), the Board described "hospital clericals," that is, those clerical employees who are properly included in a service and maintenance unit, as "those clericals who work side by side with service and maintenance employees in various departments throughout the hospital, performing clerical functions. Their work and working conditions are materially related to unit work; they have continual contact with unit employees and are generally supervised by the same supervisors that supervise unit employees." In that same case, the Board described business office clericals who have a community of interest separate from that of a service and maintenance unit as: "They work in a department separate and apart from the service and maintenance employees, perform business office work which is, at the maximum, tangentially related to unit work, have minimal contact with unit employees, and are supervised by different individuals." Employees found to be business office clericals in *Backus* were: cashier, billing clerks, electrical data processing employees, and bookkeeper, all in the business office; and information clerks, public relations clerical, switchboard operators, finance office clerks, purchasing department clericals, and stockroom clerk.

In *Southwest Community Hospital*, 219 NLRB 351 (1975), the Board excluded medical records employees, admissions office employees, a staffing clerk in the nursing services directors office, and a PBX operator/receptionist from a unit of non-professional employees. In *Baptist Memorial Hospital*, 225 NLRB 1165 (1976), the petitioner sought a unit of service and maintenance employees. The Board excluded, as business office clerical employees, the admissions office employees, telephone operators, and social service clerks.<sup>25</sup> In *St. Catherine's Hospital*, 217 NLRB 787 (1975), the Board found the

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<sup>25</sup> The social service clerks were responsible for completing forms and verifying information received from patients and used to determine the patients' eligibility for charity work.

following classifications to be business office clericals: cashier department employees, including cashiers and group leaders; patient accounting department employees, including collection manager, patients accounts group leader, insurance billing clerks, and patient relations coordinators; and Centrex and admitting department employees, including switchboard operators, receptionists, admitting desk employees, and shift leaders. In *Valley Hospital*, 220 NLRB 1339 (1975), the Board found the following to be business office clericals: admitting clerks; insurance clerks; credit clerks; cashier; PBX operators; secretary and storekeeper in purchasing; keypunch operators; accounting clerk; bookkeeper; and secretary in accounting. In that case, the Board found medical transcribers and medical records clerks not to be business office clericals, where those employees worked in a hospital area devoted to medical services, spent a substantial amount of time in patient care areas performing functions directly related to care and treatment of patients, in that they constructed medical records to assist physicians, filed medical records, and filed documents from laboratories and various nursing stations throughout the hospital into patients' medical records.

In *St. Luke's Episcopal Hospital*, 222 NLRB 674 (1976), the Board found clerical employees in the following departments to be business office clericals: administration; planning and development; public relations; personnel; accounting; management engineering; internal audit; pastoral care and education; communications, including switchboard; medical education; office of the physician-in-chief; community affairs; credit union; and purchasing. In *St. Luke's*, the Board also excluded medical records department employees who handled medical records and transcribed physicians' notes and instructions, relaying such information to other areas of the hospital upon request. In so finding, the Board noted that none of the clerical employees in the department had any regular face-to-face contact with employees in patient care areas. In that same case, the Board also excluded from the service and maintenance unit the admitting and addressograph clericals, who had no substantial contact with patients or with any unit employees.

In its Rulemaking proceedings, the Board concluded that business office clericals constitute a separate appropriate bargaining unit, and are not included in units of service and maintenance employees.<sup>26</sup> In so concluding, the Board noted that business office clericals perform substantially different functions from those performed by other employees who may also perform some recordkeeping functions, in that business office clericals are primarily responsible for a hospital's financial and billing practices, and deal with Medicare, DRGs<sup>27</sup>, varying price schedules, multiplicity of insurance types, and new reimbursement systems. Further, the Board noted that business office clericals do not engage in any form of patient care and are not responsible for the patients' physical and environmental health. They are generally required to have specific clerical skills in addition to a high school diploma, and they undergo constant retraining to update current skills or acquire new skills as financial operations are updated. They normally have a separate supervisory hierarchy in which ultimate authority rests with financial administrators as compared to the ultimate supervisory authority for service employees which rests with administrators overseeing patient care. They are physically isolated from other non-professional employees and, therefore, have little contact or interaction with them.

In *Lincoln Park Nursing and Convalescent Home*, 318 NLRB 1160 (1995), the Board referred to its findings in Rulemaking, as summarized above, noting in particular that: "business office clericals perform distinct functions: handling finances and billing, and dealing with Medicare, Medicaid, and other reimbursement systems." In that case, the Board found nursing department secretaries and a nursing

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<sup>26</sup> 53 FR 33924-33926, reprinted at 284 NLRB 1562-1565.

<sup>27</sup> DRGs are "diagnostic related groups," an accounting and financing mechanism.

department payroll clerk who worked in the nursing office to be service and maintenance employees. In so finding, the Board noted that, "None of these employees performs work associated with business office clericals, such as handling finances and billing, and dealing with Medicare, Medicaid, and other reimbursement systems." Further, the limited interaction the employees at issue had with service and maintenance employees was not the result of grouping them together in isolation from other nonprofessionals. These factors outweighed the fact that the employees at issue did not perform work closely related to the functions performed by employees in the service and maintenance unit.

In *CGE Caresystems, Inc.*, 328 NLRB No. 103 (1999), the Board found billing, filing, and accounting clerks to be excluded from a service and maintenance unit, where those clerks were supervised by the Employer's billing manager, worked in a separate billing area of the Employer's facility, and were responsible for processing bills and claims under Medicare and other reimbursement programs. These factors outweighed the clerks' lack of advanced education or training. In that same case, the Board found customer service representatives (CSRs) to be included in the service and maintenance unit, where the CSRs were primarily responsible for handling communications with patients and physicians, taking orders for durable medical equipment, and passing necessary information to the Employer's professional staff and to service technicians. The CSRs lacked contact and integration with other employees, but were not physically isolated in a separate area, they had face-to-face interchange with other employees a number of times during the workday, they worked in proximity to other employees, and attended, on a rotating basis, a daily staff meeting with other employees.

### III.

Thus, it appears, and the Employer so urges on brief, that the Board's general view is that the only clerical employees in a hospital who are to be excluded from a service and maintenance unit are those who "are primarily responsible for a hospital's financial and billing practices" and are grouped together with similar employees in an isolated area. While the foregoing *Lincoln Park* and *CGE Cases* arose in "non-hospital " contexts, i.e., contexts not specifically covered by the Board's "hospital" rule ("The Rule") or at least to engraft The Rule onto the non-hospital cases as *a* factor, it is clear that the Board is attempting to apply roughly similar principles to both kinds of institutions. The cases, insofar as they discuss and interpret the Rule, provide guidance to the Board's interpretation of the hospital Rule, along with the Board's comments published with the Rule. [Neither party nor the undersigned was able to locate any post-Rule business office issue arising in a Rule-covered enterprise.]

Applying this standard, I conclude that the following classifications are not business office clericals, but rather are included in the service and maintenance unit: clerical associate, MRI in PIC; coordinator, scheduling/admitting in PIC; coordinator, front desk, in PIC; representative I, admitting, in PIC; secretary in WIC; peer counselor, breastfeeding in WIC; administrative coordinator in Alaska Cares; coordinator in Diabetes Center; secretary in CCD; program assistant in CCD; dietary aide in CCD; environmental services in CCD; teacher assistants in CCD; secretary in Circle of Care; administrative assistant in medical staff services; credentials specialist in medical staff services; meetings specialist in medical staff services; administrative coordinator in medical staff services; admitting representatives I and II in admitting/financial services; financial counselors in admitting/financial services; patient account representatives, customer service team in admitting/financial services; census coordinator in admitting/financial services; file clerk in call center; administrative assistant in call center; communications specialists I and II in call center; secretary in call center; lead production operator and production operator in management information services; help desk coordinator in management information services; help desk analyst in management information services; telephone communications analyst in management information services; financial analyst in management information services; asset manager in management information services; administrative assistant in management information services; administrative assistant in case management; support staff in case management; administrative assistant in quality improvement; risk management support in quality improvement; team leader in health

information services; transcriptionists I and II in health information services; medical records clerks in health information services; medical records runners in health information services; analysts I in health information services; administrative assistant (secretary II) in community services; materials management technicians II and III in purchasing; secretary II in purchasing; lead technician and general stores technicians in general stores (warehouse); administrative assistant in Providence Alaska Foundation; assistant to the foundation in Providence Alaska Foundation; administrative assistants in administrative department; secretary II in administrative department; and executive project specialist in administrative department.

I note that the Employer's Business Office is located at the Tudor Park facility, a site away from the hospital. None of the included positions is located at that site, with minor exceptions.

I have included the admitting representatives, the financial counselors, and "Customer Service team, patient account representatives," ("PTAR") because of their significant geographic separation from the Business Office, and because of their close working relationship directly with patients. As to the financial counselors and the PTAR who process charity applications, I view these individuals as performing more of a social service function than a true business office function of "collections" or accounting functions. Second PAR is admittedly a cashier, but she spends half of her day in a clear service/maintenance function as cafeteria cashier. The host and PTAR have close patient contact for a significant part of the day.

I include the Management Information Systems employees because, inter alia, of their location away from the Business Office, and their lack of any role in "handling finances, billing and dealing with computerized Medicare, Medicaid and other health care cost reimbursement systems."

I include the employees noted who work at the Tudor Park Facility, notwithstanding that they report to Jane Griffith, Director of Finance, and work at the Tudor Park Business Office location, because their work is related closely to the warehouse function at the hospital and because their work is unrelated to the narrow band of "accounting" work which the Board considers to be "business office."

#### IV.

At hearing, the parties agree that the following positions which appear in the 10-page exhibit but not otherwise in the record are vacant or have been eliminated, and therefore are not at issue herein: assistant, administrative medical; data entry clerk; mail room clerk; services coordinator; courier; graphic designer; lab admitting representative; printer; specialist, enrollee and provider services; support staff, quality improvement; administrative assistant, cancer; and administrative assistant, respiratory.

Further, the following positions were named by the parties in the record as being at issue and acknowledged as not having been litigated: coordinator in TeleHealth Network in alliance development department; administrative assistant, administration in hospital administration;<sup>28</sup> administrative assistant in managed care administration; and administrative assistant in patient care resource services. In addition, the Employer on brief lists the following as being at issue but not litigated at hearing: associate teacher, child development; education coordinator in CCD; health unit coordinator, mental health; home helper;<sup>29</sup> lead representative, admitting; materials specialist; media specialist; project specialist education; purchasing warehouse specialist; representative, pre-registration in admitting; secretary II in management

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<sup>28</sup> However, administrative assistants in administration were litigated, and it is unclear whether they are different positions.

<sup>29</sup> This position is excluded as part of Home Health Care, an excluded site.

information services; shift coordinator in CCD; technician I in materials management; and technician, coding/data entry. All such positions appear on the 10-page exhibit, but there is otherwise no evidence in the record of their existence. Further, as noted previously herein, the Employer on briefs asserts that specialist, medical assistance is at issue. Petitioner, likewise noted previously herein, asserts that the following positions appearing on the 10-page exhibit but not otherwise in evidence are at issue: shift coordinator in CCD; associate teacher in CCD; mental health technician in Adolescent Residential Treatment Program; support specialist technician in Breakthrough Chemical Dependency;<sup>30</sup> lead admitting representative in admitting/PFS; representative, pre-registration in admitting/PFS; and specialist, medical assistance in admitting/PFS. These individuals shall all vote under challenge, since no record was made to permit a decision.

There are approximately 443 employees in the unit.<sup>31</sup>excluding all those voting under challenge.

### **DIRECTION OF ELECTION**

An election by secret ballot shall be conducted by the undersigned among the employees in the unit found appropriate at the time and place set forth in the notice of election to be issued subsequently, subject to the Board's Rules and Regulations. Eligible to vote are those in the unit who were employed during the payroll period ending immediately preceding the date of this Decision, including employees who did not work during that period because they were ill, on vacation, or temporarily laid off. Also eligible are employees engaged in an economic strike which commenced less than 12 months before the election date and who retained their status as such during the eligibility period and their replacements. Those in the military services of the United States may vote if they appear in person at the polls. Ineligible to vote are employees who have quit or been discharged for cause since the designated payroll period, employees engaged in a strike who have been discharged for cause since the commencement thereof and who have not been rehired or reinstated before the election date, and employees engaged in an economic strike which commenced more than 12 months before the election date and who have been permanently replaced. Those eligible shall vote whether or not they desire to be represented for collective bargaining purposes by INTERNATIONAL BROTHERHOOD OF TEAMSTERS, LOCAL 959, AFL-CIO.

### **NOTICE POSTING OBLIGATIONS**

According to Board Rules and Regulations, Section 103.20, Notices of Election must be posted in areas conspicuous to potential voters for a minimum of three working days prior to the date of election. Failure to follow the posting requirement may result in additional litigation should proper objections to the election be filed. Section 103.20(c) of the Board's Rules and Regulations requires an employer to notify the Board at least 5 full working days prior to 12:01 a.m. of the day of the election if it has not

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<sup>30</sup> This and the preceding position are excluded without further discussion since they are part of the sites I have excluded from the unit.

<sup>31</sup> Inasmuch as I have found appropriate a unit larger than that requested by Petitioner, in accordance with established Board practice, I shall allow Petitioner fourteen (14) days from the date of this Decision and Direction of Election in which to perfect its 30 percent showing of interest. The additional showing shall be received in either the Anchorage or Seattle Office by the close of business Tuesday, September 7, 1999. In the event Petitioner does not establish a proper showing of interest in the larger unit within the 14 day period, I shall dismiss the petition, unless it is withdrawn. Should Petitioner not wish to participate in an election in the unit found appropriate herein, it may withdraw its petition without prejudice by giving notice to that effect to the Regional Director within ten (10) days from the date of this Decision and Direction of Election.

received copies of the election notice. *Club Demonstration Services*, 317 NLRB 349 (1995). Failure to do so estops employers from filing objections based on nonposting of the election notice.

### **LIST OF VOTERS**

In order to insure that all eligible voters may have the opportunity to be informed of the issues in the exercise of their statutory right to vote, all parties to the election should have access to a list of voters and their addresses which may be used to communicate with them. *Excelsior Underwear, Inc.*, 156 NLRB 1236 (1966); *N.L.R.B. v. Wyman-Gordon Company*, 394 U.S. 759 (1969). Accordingly, it is hereby directed that within 7 days of the date of this Decision 4 copies of an election eligibility list, containing the full names and addresses of all the eligible voters, shall be filed by the Employer with the Resident Officer who shall make the list available to all parties to the election. In order to be timely filed, such list must be received in the Anchorage Resident Office, 222 West 7<sup>th</sup> Avenue, Box #21, Anchorage, Alaska 99513, on or before August 30, 1999. No extension of time to file this list shall be granted except in extraordinary circumstances, nor shall the filing of a request for review operate to stay the requirement here imposed.

### **RIGHT TO REQUEST REVIEW**

Under the provisions of Section 102.67 of the Board's Rules and Regulations, a request for review of this Decision may be filed with the National Labor Relations Board, addressed to the Executive Secretary, 1099 14th Street N.W., Washington, D.C. 20570. This request must be received by the Board in Washington by September 7, 1999.

**DATED** at Seattle, Washington, this 23rd day of August, 1999.

/s/ PAUL EGGERT

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